

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## OPIUM.

[Continued from page 58.]

Most opium-eaters dislike wine and brandy ; but this is not always the case, for the Baron De Tott tells us, that his language-master, who was of Persian extraction, a great enthusiast in poetry, used to get drunk indifferently with opium or with brandy. The exhilaration attendant upon the first is, however, of a very different character, and this is most striking in the state of the mind : all is order, harmony, vigor, and tranquillity ; there is no shadow of that brutality which most decidedly belongs, more or less, to vinous intoxication. The stage that follows it is very different. The recovery from wine, too, characterizes the distinction ; there may be nausea, sickness of the stomach, a fearful headache, and general feverishness upon the succeeding day ; but these vanish, and all is well. No greater misery, however, can be felt than that which the opium-eater experiences when his accustomed stimulus fails him, or the dreadful re-action occurs, which is as striking to the observer as it is painful to himself ; the mind is much enfeebled, the eyes lack lustre, the sensations are all disordered, the appetite is lost, the limbs seem incapable of supporting the body's load, existence is loathsome, no substitute can be found for the potent juice, for to the greater number of the lovers of opium, wine and brandy are disgusting ; they nauseate instead of diffusing a genial glow. The accustomed dram is the only relief to be found from this sad state, and the deluded victim flies to his debauch whenever the opportunity presents itself, although self-condemnation and the ridicule of his friends await him, and although idiocy and deformity stare him in the face. We have had so many vivid pictures drawn by the Baron De Tott, by Mr. Madden, and by recent travellers, that we are almost as well acquainted with the habits, the appearance, and the follies of the opium-eaters of Constantinople, as if we had visited the scene of their singular debauch.

There is a particular part of Constantinople, called Theriaky Tchar-chiffy, or Opium Bazaar, to which, at a particular hour in the evening, the lovers of the drug are habituated to find their way, for the purpose of indulging in this exhilaration. The first feeling that is excited in the minds of the spectators is one of compassion for the pale, the haggard, and the melancholy countenances which strike the eye, and which are rendered more impressive upon the European by the habitual gravity of the Turk ; but this pity is soon exchanged for far different sensations,

for deformities the most whimsical are the consequence of the long-continued habit. Some of these unfortunate creatures have wry necks, for the muscles become rigid; the head is seen contorted to one side or the other, or one shoulder is considerably higher than its fellow, or the head appears almost buried between their shoulders; then their gesticulations are so whimsical as to excite mirth and merriment in those most inclined to pity them. Every fibre in the body trembles; still they cannot abandon the custom; they are miserable till the moment arrives when they are to indulge. Close to the wall, near the Mosque, the experienced opium merchant has placed a number of sofas, shaded by trees. Here the *cheriake*, or opium eater, reclines, and receives the pills containing his accustomed dose, together with a glass of water; he awaits the moments of extacy, which usually commence about three quarters of an hour after he has swallowed it. He then becomes an altered being; his features are flushed, his eyes acquire an unnatural brilliancy, the expression of the countenance is horribly wild; he exhibits his delight in a thousand different ways; he gesticulates, he talks; some of them compose excellent verses, and address the bystanders in eloquent language; at last they return to their homes, each possessing some imaginary bliss which "the dull reality of life" could never give. Those who encounter them divert themselves at their expense, and make them chatter nonsense; they are, however, too happy to pay attention to anything but their own reveries. Even the loud laugh and the hootings which accompany them home, produce no effect; they are wrapped up in an elysium, from which they are only to be awakened by the miserable reaction which must, sooner or later, recal them to existence. Mr. Madden, a member of the Royal College of Surgeons, who has painted this scene admirably, and who is one of the last scientific men who have visited Constantinople, and given us the result of their observations, tried the experiment on himself, and took four grains in divided doses; he describes his sensations "as the faint, exquisite music of a dream," but he had only pleasurable feelings when his eyes were open, if they were closed they vanished. It appeared to him as if external objects only were acted on by the imagination, and magnified into images of pleasure. In walking he was hardly sensible of his feet touching the ground; it seemed as if he slid along the street, impelled by some invisible agent, and that his blood was composed of some ethereal fluid, which rendered his body lighter than air.

Not only does the habit of taking opium render larger doses necessary to produce its peculiar influence, but it blunts all the sensations of the body. It renders the intestinal canal so exceedingly sluggish, that the most active purgatives lose their power; this, however, is not to be considered a uniform consequence, but, in many instances, large doses of aloes, of scammony, and of jalap, may be taken in vain. Rhubarb, and colocynth, and gamboge, produce great irritation, but will not excite the peristaltic motion. Castor oil, under such circumstances, however, retains its influence; and olive oil, to which tincture of senna is added, likewise is serviceable. The most active emetics are useless, and, indeed, in some instances, the most virulent poisons have actually become

inert. Of this a singular case is on record, authenticated by a physician who bore a high rank in the French army. M. Pouqueville, when a prisoner in Constantinople, saw a man who was known all over the city under the name of Sulyman Geyer, or Solyman, the eater of corrosive sublimate; he was said at that time to be upwards of 100 years of age; he had very early habituated himself to the use of opium, which he had increased until it produced no effect upon his imagination, and until his digestive system must have been completely disordered; he, therefore, took corrosive sublimate, and for thirty years he never ceased to take it; and the dose he could then bear was upwards of a drachm. He went into the shop of an apothecary, who was a Jew; he asked for a drachm of corrosive sublimate—having first mixed it in a glass of water, he swallowed it. The apothecary, fearing that he should be accused of poisoning a Turk, immediately shut up his shop, reproaching himself bitterly with what he had done; but great was his joy and astonishment when, on the following day, the Turk came to repeat his dose. Whether the corrosive sublimate produced any sensation beyond that of allaying a sort of unnatural craving, I know not.

It does not appear that any narcotic, or drug, with which we are acquainted, produces altogether the hallucination that accompanies opium. The salts of morphia, in the opinion of most medical men, have not an exhilarating effect; there seems, however, some doubt on the subject. Dr. Wilmer, of Munich, made some experiments on himself to ascertain the effect of narcotine. He found that eight grains gave him headache. There was much excitement, and a peculiar restlessness supervened, his hands trembled, and he was unable to fix his thoughts upon any subject; this lasted a few hours—it commenced about twenty-eight hours after the narcotine had been swallowed. Magendie has tried some experiments on dogs—they seem to have a species of reverie—they were in a state approximating to sleep, but they were alive to external objects, and particularly irritable. Occasional convulsions came on, and, with this exception, they seemed to be quiet.

A very interesting question has arisen upon the effects of opium-eating on health and on longevity. The late Earl of Mar had insured his life in one of the offices in Edinburgh to a large amount. He was an opium consumer to the amount of from two to three ounces of laudanum daily, but this fact had not been stated at the time the policy of the insurance was granted, and on his death, which occurred two years afterwards, from icterus and ascites, the company declined payment of the policy, assigning as the reason, that his lordship had concealed from them a habit which tends to shorten life. The bank that held the policy as security for money lent entered upon an action, and the consequence was that the insurance office was adjudged to pay the amount, not, however, on the ground that the habit was not injurious to life, but upon the ground that the office had not shown the proper degree of caution when the insurance was effected. Dr. Christison was a medical witness on that occasion, and his attention was necessarily directed to the subject, which led him to an inquiry, and from eleven cases which came under his notice, he considers that the practice of opium-eating is not so injurious as

is commonly believed—this, however, is not the general idea. Mr. Madden, whom I have just quoted as an authority to be relied on, says, that from personal inquiries he found it was rare for an opium-eater at Constantinople, if he began the practice early, to pass thirty years of age.

(To be continued.)

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#### ENORMOUS ENLARGEMENT OF THE LIVER AND SPLEEN.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR—Should the following case be thought worthy a place in the Journal, you are at liberty to give it publicity through its columns.

Mrs. Z. Smith, aged forty-three, the mother of six children, naturally possessing a good constitution, was slightly seized in the summer of 1832 with pain in the right side, acidity in the stomach, flatulence, costiveness, and other symptoms of dyspepsia. Though she consulted me about her case, yet being able for the most part to attend to her domestic concerns, she refused to adopt any thorough means to eradicate her disease. In this way she continued till November, 1834, when she was violently attacked with an inflammation of the lungs, which proved so severe that she was several times thought to be dying. She however at length recovered her former degree of health, or nearly so; but the dyspeptic symptoms remained, notwithstanding she was, during her illness, treated with particular reference to a chronic inflammation of the liver, as I called her first complaint. Being satisfied, from the trial I then made, that I could not effect a cure of her chronic affection, I advised, as soon as she was able to ride, a visit to Saratoga Springs, to which she consented; but for some reason or other she kept delaying it until too late in the season for an invalid to travel. The following winter she had another attack of her lung complaint, though much less severe than the preceding; during its continuance, or shortly after, she showed symptoms of an enlarged spleen, and the liver had become so much enlarged as to be distinctly felt below the ribs. In the spring of 1836 she visited the Springs, and was absent some weeks, but without any amendment. Soon after her return her symptoms became worse; the spleen was so much increased in size as to be felt the whole length of the abdomen, and at the umbilicus the liver and spleen might be felt only about three inches apart. At this stage of the disease new symptoms presented; there was much vomiting and purging; a pretty good appetite, and for some days, between the paroxysms of puking, food seemed to create less pain, and be better digested, than for years before. After the vomiting had commenced, she uniformly complained of pressure, even the least degree of it, on the pit of the stomach, so much so as to induce the suspicion of considerable inflammation of that organ. For a few of the last weeks of her life she complained much of disagreeable noises in her head, and at length became totally deaf and very nearly blind.

A post-mortem examination took place Nov. 21st, 1836, thirty hours after death.

*Contents of the thorax.*—The left lobe of the lungs attached throughout its whole extent to the pleura costalis and mediastinum, probably the consequence of the preceding inflammation; the right lobe perfectly healthy; the parietes of the heart very thin; the ventricles somewhat enlarged.

On opening into the abdomen, we discovered the spleen overlapping the liver at its superior extremity, and the two viscera completely covering the stomach, so as to hide it from view until they were displaced. The spleen was thought, by several medical gentlemen present, to be at least ten times its usual size. The liver was enlarged to that degree that it extended upwards, pressing up the diaphragm, to the intercostal space between the second and third ribs, and displacing the right lobe of the lungs. The texture of the liver was as firm as common after being diseased a great length of time. The spleen was so very soft as to be easily compressed with the fingers. The stomach was smaller than natural, but apparently healthy, together with all the rest of the abdominal viscera. The brain was not examined.

What renders the above case peculiarly interesting to me, is its anomalous symptoms. 1st. Was the noise in the head owing to the inflammation reaching the brain, and was that the cause of diminution of sight and loss of hearing? or were these only symptomatic? 2d. What produced the vomiting? Was it mechanical pressure? and if so, why was it interrupted, and digestion go on as regularly for a day or two together as if the patient had been in health? B. W. DEWEY.

Moriah, N. Y. Feb. 6th, 1837.

#### FRAGMENTS.

[Communicated for the Boston Medical and Surgical Journal.]

*Wound of the Rectum.*—October 5, 1836, I was called to visit Joseph Webb, aged about 35, of sound constitution, regular habits and good health, who had been hooked by an ox five days previous to my visit. A clergyman of the neighborhood, who made some pretensions to the healing art, had attended him from the happening of the accident; but supposing it "a flesh wound," as he termed it, no surgical treatment had been prescribed. I found the patient in bed, having constant involuntary fecal discharges. On examination, found the horn of the ox had entered the right side of, and a little posterior to the anus; that it passed up in a curved direction about three inches, and then perforated the rectum. The perforation through the rectum was about the size of the forefinger, as might be felt per anum. The wound externally was about two and a half inches in diameter, considerably lacerated, I suspect, by a toss and a withdrawal of the horn. In short, there was a complete artificial anus, the walls of which were approximating towards a circular form, and exhibited a considerable degree of induration. No discharge

through the anus had been known since the injury. The wound contributed to form an equilateral triangle—of which the space between the anus and the commencement of the wound made the first side; the distance between the entrance of the horn and its aperture in the rectum, formed the second; and the distance from last-mentioned point to anus, completed the angle.

As this was a novel case, having never before seen or read of a wound of this description, I requested counsel, and called Dr. Hubbard, of Hallowell, who, by the way, is one of the best surgeons in Maine. In consultation with Dr. H. we were of opinion that an operation similar to that for fistula in ano would be necessary ultimately; but in the meantime a trial might be made of plugging the artificial anus and attempting to dilate the sphincter ani, so that the fecal matter might pass through its natural channel. It could hardly be expected that this plan would succeed; but as the friends were solicitous that some course, other than an operation, might effect a cure, and as a few days delay seemed to be requisite, that the system might be prepared for the operation, it was thought advisable to try the plan suggested. The wound was filled with soft linen, besmeared with basilicon; compresses and the T bandage concluded the dressings. The copious discharge of pus, and the constant accumulation of fecal matter, were so great (none having passed the anus), that after a few days perseverance the plan was abandoned, and resort was had to the operation.

The patient was placed upon his knees, his face resting upon his hands. The operator, Dr. Hubbard, then passed his right forefinger into the rectum, per anum, carrying with it a director; then introduced his left forefinger through the wound and its aperture in the rectum, until it came in contact with the finger first introduced. I then carefully passed up a probe-pointed bistoury along the groove of the director until the operator was enabled to grasp its point with the end of his left finger. By withdrawing the instrument and fingers locked in this manner, the sphincter, together with the whole of the substance contained in the angle, was divided by one incision. Contrary to our expectation, no hemorrhage of consequence ensued.

A strip of oiled linen was introduced with a spatula, in order to keep the divided surfaces of the rectum and sphincter ani separated until the lateral and superior portions of the original wound should fill up by granulation. Much the same dressings have been continued up to the present time. The cure has progressed rather slowly; delayed chiefly, I think, by too frequent irritation from the fecal discharges; but the wound will probably be entirely healed in a few weeks more. The anus will be likely to be preternaturally large in diameter, because the sphincter has not been permitted to unite by the first intention.

*Metallic Button in the Nose.*—1837, Jan. 13th, visited by request a child two and a half years old. Was told by the parents that the child had forced up high into the left nostril a brass button, about the size of a common vest button. On examination I could just discern its lower edge. The little patient was confined, and I made several attempts with various forceps to seize and bring down the foreigner, but without suc-

cess. The eye of the button seemed to be embedded, and forceps were not sufficiently tenacious. A pair of forceps sufficiently large to fill the cavity of the naris was then passed up, and at the time I supposed I was about to grasp the substance, the child made a desperate struggle, and the forceps was forced upwards. I then passed up a gum elastic bougie, and meeting with no obstruction pushed it out at the fauces. The passage was clear, but what had become of the intruder? Suspecting the child might have swallowed it during the struggle, I directed the friends to give a cathartic in the morning, and to watch for the button. It was found accordingly, and measured seven sixteenths of an inch in diameter.

*Cutaneous Diseases.*—The past year has developed more diseases of this class than I have ever before known. They defy all classification, and, I might say, resist all medical treatment. They are of almost every variety and form, but so intermixed that you cannot separate them to take down specifications. They may be considered endemic in this vicinity, and consist chiefly of eruption of pimples, or vesicles, in the first place, or a commixture of these succeeded by destruction of the epidermis and rawness of the surface, accompanied by an itching, smarting, burning and almost maddening pain. It is a many-headed hydra; frequently, after several weeks perseverance in your treatment, when the eruption disappears and you are about to appropriate to yourself the credit of a cure, the eruption will again appear, with renewed virulence. I should think them self-limited diseases. Many people persist in calling it the itch, and make use of the popular specifics for that disease; but such treatment only aggravates the complaint, especially where the red oxide of mercury or ol. terebinth. enters into their composition. I have but little faith in external applications. Cooling and astringent applications have afforded some relief. The ung. hydr. nit. fort. has made some impression, but an alterative course of medicine, with low and vegetable diet, I think has, if anything, made the most lasting impression. Scarlatina just made its appearance. Its type is mild. Has it any connection with the preceding disease?

*Hotcrops.*—This is the appellation most usually given here to the disciples of that notorious empiric Samuel Thomson. His followers are pretty numerous in Maine, and think so much of themselves that they are thrusting into our Legislature petitions from every direction, praying for a repeal of the law regulating the practice of physic; so that they, the knights of lobelia, cayenne and steam, may be admitted on an equal footing with men who have spent years of studious toil and hundreds of dollars to procure themselves a situation in an honorable profession, and which, after all, yields to many of us but a scanty pittance, when compared with the fees freely bestowed upon charlatans and patent medicines. For twenty dollars any body may purchase Thomson's book of chartered privilege, granted by grave legislators, but who, doubtless, never contemplated the serious injury it would occasion the public.

Respecting this class of persons, alias "hotcrops," I could "a tale unfold;" but cui bono? Supposing a long list of facts was drawn up relative to their practice—of their impositions upon the people—of the



constitutions impaired—of the murders committed, &c., and these facts were embodied in a medical journal. I again ask, for whose good would they be? would they hit the mark? would one out of a thousand of Thomsonians ever see or read them? would the great mass of the people, who are to be swayed one way or the other, ever hear of them? Physicians know these facts already, and but few, I believe, besides physicians, ever read a medical journal.

This class of pretenders has become numerous, if not formidable, throughout the country. Already they boast that in a few years they shall rival all competitors, and put down all opposition. A few years ago they mostly occupied the back country places; now they boldly take their stand in most of our prominent villages, and establish their strong-holds under the fascinating title of Botanic (I would not say Satanic) Infirmaries; and their leader, in imitation of his betters, implants his standard in the heart of New England. Amongst their patients there is a sort of hallucination; for when once a patient has obtained relief by them, of either real or imaginary evils, he too frequently becomes wedded to their party, and will go all lengths in denouncing scientific physicians, and in support of the Thomsonians. Further, their plan, for it can hardly be called a system, professes to be so plain and simplified that any one can understand it; and this is a desideratum with those who have not the least love of science within them.

Would it not be an easy task for educated physicians to overthrow the theory of Thomson and show up his followers in their true colors? Ought we not to meet these men by facts and arguments, in such a manner that the people can understand and judge for themselves? It seems to me, in order to make such an exposé, the weekly newspapers would be the most suitable for communications, at least if we can make our language intelligible to the mass; unless editors of such papers could be induced to copy from a medical journal.

Would it not likewise be good policy in physicians generally to give gratuitous public lectures for the enlightenment of the public mind; sketching the outlines of anatomy, physiology, therapeutics, &c., so far as is compatible with propriety and delicacy?

I have thrown out these crude hints, that yourself, or some of your able correspondents, might take them up, if thought worthy of notice, and give your readers your views upon these subjects. I would not wish to traduce the correspondents of your Journal; there ought, and should be, sufficient communications for that, at the same time, and upon such subjects as would interest its readers; but I have yet to learn how writings, *exclusively confined to medical periodicals*, can ever avail much against impostors, impositions and quack medicines.

*Albion, Me. March 1st, 1837.*

A. P. FULLER.

#### LARGE DOSES OF CALOMEL.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR—A correspondent of the Boston Medical and Surgical Journal wishes for further information in regard to the calomel which was



given to a little girl, only five years old, as mentioned in number third of "Remarks on Itinerants." This, as I have it in my power to prove that what was there stated was by no means exaggerated, I am glad to comply with.

That the case may be well understood, I will be a little more particular in my account of it. Every physician knows enough about worm cases, however, not to require much of a description. This was a very bad case, and, until the worms, from the effects of the calomel, began to be moved, was attended by an unusual degree of stupor. They came away by half dozens, dozens, and scores, until the whole were expelled, which took up the week which was mentioned. In most cases of tænia, when they exist in such large numbers, the bowels are so distended that they come away a few at a time, and thus it is necessary to repeat the remedy for some time, as was the case under consideration. Whether there was any better remedy than calomel or not, I shall not pretend to say; but the other remedies in this case had no effect in regard to the removal of the worms, or in regard to producing any motions upon the bowels.

In regard to the genuineness of the calomel, I experimented not upon it by any chemical test, and therefore am not prepared to say that it did not contain impurities, or that it even was calomel. All I can say about it is, that it looked like calomel, felt like calomel, and operated in this, and other cases, like calomel—and, to use the Irishman's expression, "from my soul I believe" it was calomel. If this was the only case in which I had used it to such an extent, I might, perhaps, have my doubts whether my senses did not deceive me.

In regard to its effects upon the system, other than those for which it was resorted to, which was to promote the expulsion of the worms, they were apparently no different from those which would be produced by any other cathartic. The stupor, tenseness of the bowels, and every other symptom of disorder, subsided gradually as the worms were removed. There was by no means a high degree of fever at any time. Those occasional and irregular paroxysms of fever which attend all ver-mifuge cases, attended this, and subsided as the worms were expelled. There was no excitement, apparently, beside what the worms produced, at any time, and there was nothing which indicated any improper effect upon the system, after the patient had become convalescent. Her convalescence was short, and she has since been a healthy child and young lady, as stated in my former remarks.

Now all this is not advocating the use of calomel, in large or small doses, in worm or any other cases, any farther than a physician sees fit to resort to it. All I designed in my Remarks on Itinerants, or design now, was and is, to show that it is not so poisonous to the system or to the "blood," as a great many suppose. I shall still continue to entertain such an opinion. The case under consideration, the other cases which were mentioned, and a great many others which might be mentioned, tend to confirm it. There is a proper way and a proper time to use it, and so there is for everything else. I wish no family to have it used when they do not desire it; and no physician to administer it,

when he does not see his way clear to do it. The prejudices existing against it, and the distressing ptyalism originating from its use, when this is not desired, render it objectionable, when anything else will answer as good a purpose. It is impossible, I think, in the present state of medical knowledge, to control it in all cases, and make it operate exactly as you wish. Sometimes a small portion will effect what you would not expect from a large one, and sometimes a large one will not effect what in others would result from a small one. Sometimes neither small nor large doses will affect the salivary vessels, at other times either will. This uncertainty in its operation, and this distressing ptyalism when it is not required, give quacks a fine opportunity to raise a hue and cry about it. They make a hobby of its supposed deleterious effects, to ride over the necks of more meritorious practitioners. This may, perhaps, as well be their hobby as anything else. There will always be quacks, and always be dupes enough to employ them. There will always be something to build prejudices upon, and prejudices, once founded, are not very easily removed.

I have already spun out my reply to N. much farther than I intended, but having got upon the long-yarn track, I may as well go to the end as break off in the middle. I will therefore hold out a little farther upon calomel. I know not as it is generally known that it takes a great deal more to operate in worm cases, especially bad ones, than in others. The nidus of worms, consisting of a thick, viscid or glutinous substance, wraps itself around the calomel, and it comes away in little nodules, from the size of a small pea to that of a hazelnut, but very little altered from its original state. This existed to a considerable extent in the case under consideration, and I have observed it in many other cases. This, perhaps, may account sufficiently for its not having had any injurious effect in the case mentioned in my Remarks. Though I would not set myself up as being wiser than anybody else, I would mention one more thing in regard to calomel, which I know not as is generally understood among physicians. Perhaps I may be in an error in regard to what I am going to state, but I think not. It is well known that calomel operates very differently upon different persons, and it operates differently upon different ages. Upon adults it is very liable to operate upon the salivary vessels, and produce ptyalism; but upon the young not so liable, especially upon such as are under six or seven years. I never knew of but one case where the patient was under six years of age, in which it operated to produce what is commonly called sore mouth. I do not know but it has operated differently upon thousands, but I never saw but one case, as just mentioned, and other physicians whom I have inquired of, have asserted pretty much the same thing. If it is a fact that it does not affect young children in this way, the reason why it does not may perhaps be that the lacteals are not sufficiently developed to take it up and convey it into the circulation. Little infants, three days old, will bear the effects of calomel as well and better than adult persons, which could not be if it operated upon them as powerfully according to their age as upon grown people. It is a very excellent thing in the aphthæ of young children, and will cure it when nothing else will effect

any benefit. I have known it do a great deal of good in the cure of those distressing fits which infants are very often affected with.

Shall I not have more explanations to attend to, think ye, kind reader? If it is necessary I will endeavor to do it, and will now close my remarks by suggesting to those who are scrupulous in regard to giving calomel in sufficient doses to expel worms, to make use of any cathartic which suits them best, if the stomach will retain it, and as an adjunct, employ often-repeated and long-continued injections. In this way the worms will come away one, two, half a dozen, and a dozen at a time, until the distention is taken off from the bowels, when cathartics alone will bring them away. One word more. If N. should not be satisfied of the correctness of what is above stated in regard to the information required, I can, by sending a hundred and forty miles, substantiate it by half a dozen, at least, credible witnesses.

F.

#### RHINOPLASTIC OPERATION.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—The admirable article in your Journal on “Rhino-plastic,” suggested the translation of the following from an old work styled “Cours d’Operations de Chirurgie,” by Dionis, published 1707.

“The wife of a Notary of Paris, being jealous of the spouse of a butcher of the Fauxbourg St. Germain, whom she imagined to be the mistress of her husband, repaired one morning to the stall; and after having upbraided her with her supposed baseness, seized a knife from the bench, and struck her with it upon the nose; the nose was almost completely separated from the face, hanging down and being only connected to it by one of the alæ and a portion of the columna. It was immediately sewed, and united properly, leaving only a trifling deformity. I report this case, adds Dionis, in order to embolden surgeons to use the same means under like circumstances. The judges invented a new species of punishment for the wife of the Notary; they condemned her to have a *fleur-de-lis* branded upon her forehead with a red-hot iron; a sentence, however, which was not executed. The king having considered the decree too cruel, subsequently pardoned her.

“It is beyond belief, Dionis goes on to say, that a nose, when once entirely cut off, can ever be renewed. We are told, notwithstanding, that some brigands having attacked by night a company of travellers, one of them received a blow upon his nose, which completely severed it; that when he went to have the wound dressed, the surgeon asked for the nose in order to sew it on; and that his comrades, being unable to find it, cut off the nose of an unfortunate person whom they happened to encounter, and brought it to the surgeon, who sewed it on, by means of which it united to the remnant of the nose of the robber, as a graft to a tree.

“It is also said that a surgeon made an incision into the arm of a person who came to him in a similar situation, and having placed the wound-

ed arm in contact with the nose, secured them for some time in this state by bandages ; that after a union took place, he removed sufficient flesh from the adherent arm to form a new nose, and thus substituted an artificial for a real one. I believe, however, these accounts to be apocryphal, and consider them rather as amusing stories than true facts."

Could Dionis be permitted to revisit the earth, he would probably be as much surprised at the advance of science as Cicero is represented to be on his return from the Stygian shades. The operation of Dr. W. is certainly one of the most remarkable and creditable ever performed in this country ; it is an operation which from its difficulties might discourage even an old surgeon from undertaking it. Many, indeed, have pronounced it utterly impracticable. An idea of the difficulty attending this operation, though necessarily an inadequate one, may be formed from the report of Dr. W.

B. B. A.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MARCH 22, 1837.

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### MASSACHUSETTS GENERAL HOSPITAL.

From an analysis of the Annual Report of the Board of Trustees, the following statistical facts have been gathered.

*Admitted at the Massachusetts General Hospital, from January 1 1836, to January 1, 1837.*

	Males.	Females.	Total.
Patients paying board - - -	200	61	261
do. do. part of time - - -	19	11	30
do. entirely free - - -	113	81	194
Whole number - - -	333	153	485

### *Discharged during the same period.*

	Males.	Females.	Total.
Well - - - - -	158	66	224
Much relieved - - - - -	78	25	103
Relieved - - - - -	31	21	52
Not relieved - - - - -	37	18	55
Died - - - - -	31	13	44
Unfit - - - - -	0	2	2
Eloped - - - - -	2	0	2
Whole number - - - - -	337	145	482

Proportion of deaths to whole number of results this year—1 in 11, nearly.

The free patients, though admitted in less numbers, have occupied on

the average about 5-8 of the ward beds. It follows that they remain longer, and the difference is—

Average time of stay of ward-paying patients, 3 1-7 weeks.  
do. do. do. free do. 5 5-7 do.

*Analysis of Patients.*

		Free.	Paying.
Males.....	Sailors - - - -	10	21
	Mechanics - - - -	36	58
	Teamsters, drivers, &c. - - -	9	11
	Farmers - - - -	9	10
	Clerks, traders, &c. - - -	6	23
	Laborers - - - -	47	41
	Minors - - - -	10	5
	Domestics - - - -	5	12
	In private rooms - - - -		37
Females.....	Domestics - - - -	57	29
	Wives - - - -	14	12
	Seamstresses, tailoresses, &c. -	13	15
	Spinsters - - - -	1	3
	Minors - - - -	7	7
	In private rooms - - - -		2

It appears from this analysis, that more than one quarter of the whole number of free patients were female domestics, and nearly another quarter laborers, of whom about 5-6 were Irish.

The annual expenses of 1836 were \$17,950 25. After deducting from this the charges of repairs, grounds and contingencies, there remains a sum which makes the weekly expense of each patient, \$5.84.

That portion of the report which especially relates to the McLean Asylum for the Insane, is, as usual, a very curious and valuable document. It shows the advancement which is making in the rational, if not philosophical management of lunatics, who from the earliest ages have had their miseries aggravated, and their aberrations confirmed, by the harsh treatment which was meted out to them. Surely it is a modern discovery, which restores the insane to soundness of mind and health of body, by the same course of moral culture by which the sane are elevated in the scale of humanity. Yet it is true that the law of kindness, the force of example, and the exercise of benevolence towards the most hopeless maniac, subdues the violence of rage; and if they are not ultimately restored to the exercise of reason, their physical condition is so ameliorated, that charity is encouraged to hope well for them. The multiplication of these institutions in our country, reflects the highest praise on the innate philanthropy of the people who are doing so much for those who were once scarcely considered to have claims upon the world for its common comforts. They were pitied, but not relieved, for the reason that they were falsely supposed to be beyond the reach of moral influence.

"THE ACCOUCHEUR'S VADE MECUM."

A LATE mail has brought to our address a ragged duodecimo pamphlet of thirty-two pages, with the above title, by "DOCTOR BENNETT," of the *Big-Hocking Ohio Medical Society*, who appears to be on the eve of retiring from the chair of midwifery and the diseases of women and chil-

dren, Hygiene and *Acclimatement*, beside some dozen other departments, for ought we know, in Willoughby University, of Lake Erie. It shows great wisdom in the author to resign as quickly as possible, after having delivered himself of such a production as this, not one word of which appears to be original, with the exception of a little flattering unctio addressed to a squadron of students, beginning with, "*gentlemen of the medical class.*"

If the lucid divisions of labor, by "Professor John Cook Bennett, M.D." are calculated for the meridian of the Big-Hocking Ohio Medical Society, it would be extremely gratifying to know whether the system of puzzlification, so beautifully exhibited in this *Vade Mecum*, becomes more complex as the square of the distance increases towards the Rocky Mountains. For example, page 4—"The left Occipito-Cotyloid Position of the Vertex." Again, here is a very nice distinction, and withal very clearly expressed—a kind of whispering monitor to a young accoucheur when quite bewildered. Sec. 2, page 4—"The Occipito-Pubal Position of the Vertex." In this position, the occiput, with the posterior fontanelle, places itself behind the symphysis pubis; while the sinciput, with the anterior fontanelle, offers before the sacro-vertebral prominence."

Before this medley of nonsense had a being, we began to entertain very favorable impressions of the character of the Willoughby Medical School; but if the students, en masse, the president, five vice presidents, and two secretaries, can swallow such stuff as the Accoucheur's *Vade Mecum* is made of, and call it science, the Commonwealth will be in a dangerous condition when their graduates begin to operate. That this curiosity in medical literature, which has appeared too late for the reputation of the sapient author, by at least seven hundred years, might end in character with its beginning, a glossary of terms accompanies the text, so chaste in expressions, that the well-bred gentleman is discoverable in it like the flying Dutchman, always in a mist. The definitions of technical words are abominably vulgar, obscene, and outrageously disgusting, and enough to forbid its introduction into the domicile of a decent man. To have said any less than this of the production referred to, would have been a dereliction of editorial duty.

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*Fever Ward.*—It seems to be in contemplation by the trustees, to construct a new ward at the Mass. Gen. Hospital, for the exclusive accommodation of patients affected with fevers, erysipelas, and other diseases requiring entire separation from others. The attending physicians are so thoroughly convinced of the necessity of this measure, that as soon as funds can be obtained, a new wing will be erected. How is it that erysipelas is the abiding tenant of hospitals? St. Thomas's has contended with that and the itch, half a century, but it has not yet been successful in dislodging either. The medical officers have been changed with a view of obtaining men who had skill enough to disinfect the establishment, but no one has yet succeeded.

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*Health officer of Liberia.*—David Francis Bacon, M.D., a young gentleman of high qualifications, and of estimable character, has been appointed principal colonial physician of Liberia. He has for an assistant Dr. William H. Taylor, a free man of color, educated to the medical profes-

sion by the Colonization Society, in whose good sense and general capacity and integrity, the managers have implicit confidence. In 1836, the same society paid for educating, maintaining and clothing a colored student of medicine, \$524 75.

*Infirmary for Diseases of the Skin.*—Dr. Charles Gordon, at the corner of Washington and Winter streets, has opened a house for the express purpose of treating diseases of the skin. This is an enterprise in which we have long been desirous of having some talented professional gentleman engage. He has our best wishes for his success.

*Discoveries in Galvanism.*—Dr. C. G. Page, of Salem, Mass., has made the discovery that lead, iron, or any metal, may be substituted for the expensive material, copper, in galvanic batteries, with equivalent power, provided the exciting liquid be some acid holding some oxide of copper in solution. This fact will render this apparatus more accessible to medical practitioners, as the use of lead or iron will lessen the cost one half. The effect is due to the greater facility with which copper deposits upon other metals than upon itself.

*Fleet Surgeon to the South Seas.*—Dr. Ticknor, of the Navy, has been appointed Fleet Surgeon to the South Sea Exploring Expedition.

*Diminution of the human stature.*—As the population increases, the human stature, by the Malthusian principle of scant nourishment must, in the nature of things, decrease in the general average. The late general orders for recruiting in England, admit enlistments to the regiments of the line of persons five feet six inches, being *one inch* shorter than the standard. The cavalry of the guards must still be *six feet*.

*Bones of the Ear in Cetaceæ.*—It is by the bones of the ear, that M. Vanbeneden proposes to determine the larger species of Cetaceæ. The sub-genus, Rorqual, for instance, is well characterized, and was not known to go so far to the north of the Mediterranean as Ireland, till MM. Quoy and General Gaimard brought one of the bones of the ear from thence. This character he thinks will be of great use in fossil geology.

ERRATA.—In Dr. Warren's report, page 71, line 2, for *face* read *feet*. Page 73, line 17, for 19th read 16th; line 12 from bottom, for *lineal* read *linear*.

DIED.—In Plymouth, Ct. suddenly, Dr. Ambrose E. Todd, 25.—In New York, Dr. Joseph Parker, 61; Dr. Samuel Hart, 25.—At Staten Island, Dr. Matthias H. Williamson, 62.—On the 25th of February, at Topsfield, Essex County, Mass. Nehemiah Cleaveland, M.D., aged 76.

Whole number of deaths in Boston for the week ending March 18. 27. Males, 19—females, 8. Consumption, 4—apoplexy, 2—mortification, 1—quinsy, 1—mortification in head, 1—infantile, 3—*fits*, 1—bilious fever, 1—lung fever, 1—croup, 1—burn, 1—stoppage in the bowels, 1—disease of the heart and lungs, 1—diarrhœa, 1—scarlet fever, 1—typhus fever, 1—old age, 1—dropsy on the brain, 1—teething, 1—stillborn, 4.



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THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

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Nov. 30.

MARSHALL S. PERRY, M.D.  
AUGUSTUS A. GOULD, M.D.  
HENRY I. BOWDITCH, M.D.  
HENRY G. WILEY, M.D.

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The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

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JOSEPH BALCH, JR. Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN,  
Bridgeport, Conn. Oct. 5-6m

## COPLAND'S DICTIONARY, PART III.

A DICTIONARY of Practical Medicine; comprising General Pathology—the Nature and Treatment of Diseases, Morbid Structures, and the disorders especially incidental to climate, to the sex, and to the different epochs of life—with numerous prescriptions for the medicines recommended, a classification of diseases, according to pathological principles, a copious Bibliography, with references, and an Appendix of approved Formulae; the whole forming a library of Pathology and Practical Medicine, and a digest of Medical Literature. By JAMES COPLAND, M.D., Consulting Physician to Queen Charlotte's Lying in Hospital; Senior Physician to the Royal Infirmary for Diseases of Children; Member of the Royal College of Physicians, London; Member of the Medical and Chirurgical Societies of London and Berlin, &c. This day published by W. D. TICKNOR, corner of Washington and School-streets. March 8

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Feb. 1.

tf

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JOHN JEFFRIES, M.D.  
R. W. HOOVER, M.D.  
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—tf

## TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place. tf—Oct. 19

Boston, Oct. 7, 1836.

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